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PTO/SB/50 (1/98)

Approved for use through 09/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.

WARR 0127 R

First Named Inventor

David Morrow

Original Patent Number

5,568,925

Original Patent Issue Date
(Month/Day/Year)

October 29, 1996

Express Mail Label No.

EG152829060US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Transfer drawings from Patent File
8. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
9. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
11. ☐ * Small Entity Statement(s) ☒ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other:

* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Mark A. Cantor

Brooks & Kushman

Address

1000 Town Center, 22nd Floor

City

Southfield

State

MI

Zip Code

48075

Country

U.S.A.

Telephone

248-358-4400

Fax

248-358-3351

NAME (Print/Type)

Mark A. Cantor

Registration No. (Attorney/Agent)

30,614

Signature

Date

10-19-98

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

WARR 0127 R

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 57	Total Claims (37 CFR 1.16(j))	(B) 74	**** 17 =	x \$	=	or	x \$ =
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$	=		x \$ =

Basic Fee (37 CFR 1.16(h))

\$395.00

Total Filing Fee

\$395.00 OR

\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 74	MINUS	** 57	= 17	x \$ 11 =	187.00	or	x \$ =
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS	***** 3	= 2	x \$ 41 =	82.00		x \$ =

Total Additional Fee

\$664.00 OR

\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-3978.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 664.00 to cover the filing / additional fee is enclosed.

10-19-98

Date


Signature of Applicant, Attorney or Agent of Record

Mark A. Cantor

Typed or printed name

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Basic Fee (37 CFR 1.16(h))				\$395.00			\$
Total Filing Fee				\$395.00	OR		\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 74	MINUS	** 57	= 17	x \$ 11 =	187.00	or	x \$ =
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Total Additional Fee				\$664.00	OR		\$	

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